



SUP # 2017-00105

Administrative Special Use Permit Application

PROPERTY LOCATION: 109 North Fairfax Street, Alexandria, VA. 22314

ZONE: CD

TAX MAP REFERENCE: 075-01-02-20

APPLICANT'S INFORMATION:

Applicant: Juan Hong chen Business/Trade Name: A Great Massage

Address: 109 North Fairfax Street.

Phone: 615-663-0098

Email: ~~JOHN.DOE@THEREALDOE.COM~~
mrchen's@yahoo.com

PROPOSED USE:

☐
☐
☐
☐
☐
☐

Day Care Center
Light Auto Repair
Overnight Pet Boarding
Outdoor Garden Center
Catering Business
Valet Parking

☐
☐
☐
☐
☐
☒

Restaurant
Outdoor Dining (exclude King Street Retail)
Live Theater
Outdoor Food and Crafts Market Center
Outdoor Display
Massage Establishment

Please read and sign after the statement:

I have read and understand the general standards and the requirements for the use for which I am applying and have attached the Worksheet for the use.

Signature: Juan Hong chen

Please submit the following with this application form:

Site Plan - At a minimum, show and label the subject property, surrounding buildings, and streets. Show, label and give dimensions for all parking spaces, entrances and exits, and trees and shrubbery.

Floor Plan - At a minimum, show and label all interior features inside and outside seats, tables, counters, equipment, etc. as appropriate to the use. Show, label and give dimensions for all entrance and exit doors and windows, rooms/areas, staircases, elevators and bathrooms.

Worksheet for specific use from Checklist and Worksheet package.

SUP # 2017-00105

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 109 NORTH FAIRFAX ST. Grand Town¹⁵¹
(property address), for the purposes of operating a Deep Tissue Massage/Reflexology (use)
business as described in this application.

I also grant permission to the City of Alexandria to visit, inspect, photograph and post placard notice on my property.

Name: LINDA A. RIDENOUR

Phone: 703-683-1638

Address: C/O Kay Watkins, Inc. Park Mar.

Email: KAYWATKINS@AOL.COM

Address: 218 N. LEE STREET, SUITE 324

Address: ALEX, VA. 22314

Signature: Linda A. Ridenour Date: 9/6/17

1. The applicant is the (check one):

☐

Owner

☐

Contract Purchaser

☒

Lessee or

☐

Other: _____

of the subject property.

State the name, address and percent of ownership of any person or entity owning an interest in the applicant or owner, unless the entity is a corporation or partnership, in which case identify each owner and the percent of ownership.

A Great Massage LLC. owner: JuanHong Chen. 100%.
We are going to do deep Tissue Massage. reflexology.

If property owner or applicant is being represented by an authorized agent such as an attorney, realtor, or other person for which there is some form of compensation, does this agent or the business in which the agent is employed have a business license to operate in the City of Alexandria, Virginia?

☐

Yes. Provide proof of current City business license

☐

No. The agent shall obtain a business license prior to filing application, if required by the City Code.

SUP # 2017-00005

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 109 North Fairfax St. Grand View¹⁵
(property address), for the purposes of operating a Deep Tissue Massage/Reflexology (use)
business as described in this application.

I also grant permission to the City of Alexandria to visit, inspect, photograph and post placard notice on my property.

Name: Linda A. Ridemour
109 N. Fairfax LLC
C/O Kay Watkins, Inc. Prop Mar.
Address: 218 N. 100 Street, Suite 324
Alex, VA. 22314

Phone: 703-683-1638

Email: KAWATKINS@AOL.COM

Signature: Linda A. Ridemour Date: 9/6/17

1. The applicant is the (check one):

- ☐ Owner
☐ Contract Purchaser
☒ Lessee or
☐ Other: _____

of the subject property.

State the name, address and percent of ownership of any person or entity owning an interest in the applicant or owner, unless the entity is a corporation or partnership, in which case identify each owner and the percent of ownership.

A Great Massage LLC. owner: JuanHong Chen. 100%
We are going to do deep Tissue Massage reflexology.

If property owner or applicant is being represented by an authorized agent such as an attorney, realtor, or other person for which there is some form of compensation, does this agent or the business in which the agent is employed have a business license to operate in the City of Alexandria, Virginia?

☐ Yes. Provide proof of current City business license

☐ No. The agent shall obtain a business license prior to filing application, if required by the City Code.

USE CHARACTERISTICS

2. Please give a brief statement describing the use:

Deep Tissue . Reflexology . Massage .

3. Please describe the proposed hours of operation:

Days	Hours
Daily	10am - 9PM

Or give hours for each day of the week

Monday	✓
Tuesday	✓
Wednesday	✓
Thursday	✓
Friday	✓
Saturday	✓
Sunday	✓

4. Please describe the capacity of the proposed use:

- A. How many patrons, clients, pupils and other such users do you expect? Specify time period (i.e., day, hour, or shift).

~~24 therapists~~ 10 clients . each day .

- B. How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift).

2 employees .

5. A. How many parking spaces of each type are provided for the proposed use:

☐ Standard and compact spaces
☐ Handicapped accessible spaces
☐ Other

B. Please give the number of:

Parking spaces on-site 0

Parking spaces off-site 0

If the required parking will be located off-site, where will it be located?

6. Please provide information regarding loading and unloading for the use:

A. How many loading spaces are available for the use?

NO

B. Where are off-street loading spaces located?

NO

C. During what hours of the day do you expect loading/unloading operations to occur?

~~NO~~ N/A

D. How frequently are loading/unloading operations expected to occur per day or per week?

NO

7. If any hazardous materials or organic compounds (for example paint, ink, lacquer thinner, or cleaning or degreasing solvent), as defined by the state or federal government, will be handled, stored, or generated on the property, provide the name, monthly quantity, and specific disposal method below:

We have built anything. use exit rooms.
Just add tables. No hazardous materials.

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: ✓ THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

Initial: ✓ THE UNDERSIGNED, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Director of Planning and Zoning on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

Juan Hong Chen
Print Name of Applicant or Representative

Juan Hong Chen
Signature

08/29/2017
Date

If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:

Representative's Address:

Phone: 615-663-0098

Email: mrchens @ yahoo. com

Fax: _____



City of Alexandria

INTERDEPARTMENTAL FORM FOR APPROVALS, REFERRALS, AND REQUIREMENTS TO OBTAIN A BUSINESS LICENSE

Juan Hong chen A Great Massage
 Applicant Name Trade Name
1411 King St Alexandria, VA 22302 Deep Tissue Massage
 Business Address Nature of Business
A Great Massage LLC

Zoning and code approvals, miscellaneous tax registrations and any other relevant permits or licenses must be submitted with the Business License Application. (Code approval is subject to zoning approval.)

1. ☐ Permit Center (One Stop Shop)
 Office of Building and Fire Code Administration
 301 King Street, 4th Floor, Room 4200
 Telephone: 703.746.4200

Zoning Approval

Zone: RR Use: MESSAGE ESTABLISHMENT

☐ Approved ☐ Approved with restrictions ☒ Disapproved ☐ Add'l Info. Req'd

Zoning/Restrictions/Conditions: REQUIRES ADMINISTRATIVE
SPECIAL USE PERMIT APPROVAL

8/28/17
 Date

[Signature]
 Signature

Code Approval

☐ No Additional Code Enforcement Permit Required

☐ Additional Permits Required – Applicant Notified

 Date

 Signature

Registration: Miscellaneous Tax Package (if applicable)

☐ Meal Sales Tax (Restaurants and Carry Outs) Information Packet Received: _____
☐ Transient Lodging Tax (Hotel, Apartment Hotel, etc) Registration Packet Received: _____
☐ Short-Term Rental Tax (Vehicles, Equipment, etc) Application Received: _____

Additional Requirements: (if applicable)

2. ☐ Clerk of Circuit Court (Registration of Fictitious Trade Name) \$10-12
 520 King St., Room 307, Telephone: 703.746.4044
<http://alexandriava.gov/clerkofcourt/default.aspx#businesses>
3. ☐ Transportation and Environmental Services (Traffic Division) (hauling, rickshaws, pedicabs, etc)
 City Hall, Room 4100, Telephone: 703.746.4025
4. ☐ Health Department (Health Permit) (beauty salons, massage therapists, restaurants, etc)
 4480 King St., Telephone: 703.746.4910
5. ☐ Police Department (Police Clearance and Permits) (antique dealers, check cashing, dealers of second hand articles, junk dealers, jewelry stores, pawnbrokers, precious metals, gems, and solicitors, etc)
6. ☐ Other: _____

 Taxpayer Signature

 Date

Google Maps 109 N Fairfax St



Imagery ©2017 Google, Map data ©2017 Google United States 50 ft



109 N Fairfax St
Alexandria, VA 22314

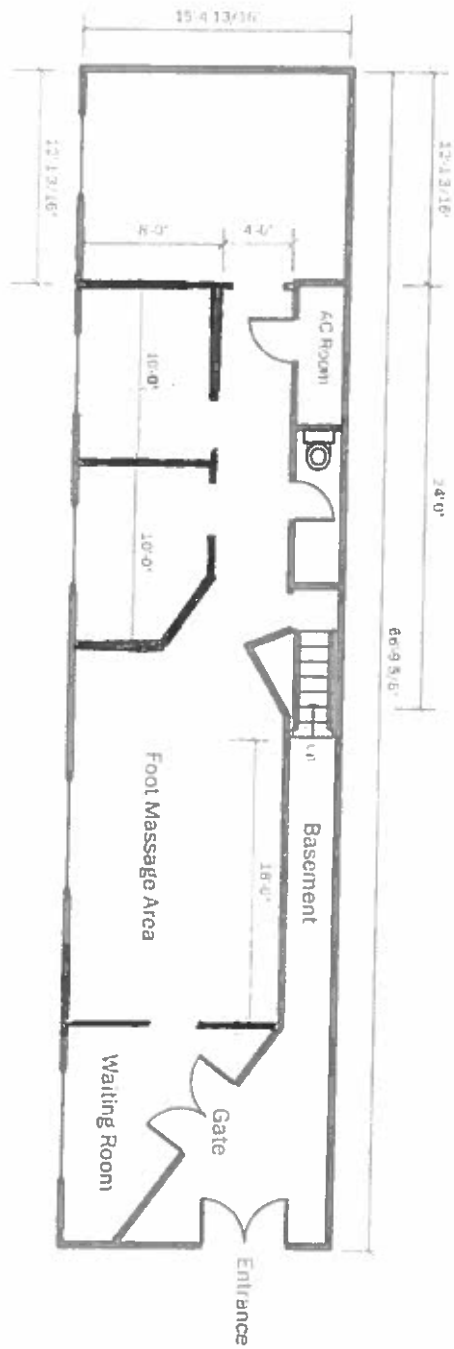


At this location

Laura Hooper Calligraphy

Invitation Printing Service · 109 N Fairfax St
Open until 5 00 PM





- Legend
- == New Wall
 - Existing Wall
 - Short Screen



A Great Massage

	<p>Chen Properties 309 N. Fairport Alexandria, VA</p>
<p>Master/Plumber</p>	
<p>Owner/Architect/Engineer/Interior Designer</p>	